SERIAL NO. MULTIPLE DEPENDENT CLAIM 10/ FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AFTER **AS FILED** AS FILED I"AMENDMENT 2 ^{ed} AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL TOTAL

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TOTAL

CLAIMS

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